

**North Carolina DUR Board Meeting
October 23, 2014
Minutes**

Introductions and Public Comments

The meeting was called to order at 1:05 PM. Attendees introduced themselves. Public comment was offered, but there was none.

Minutes

The minutes from the July 2014 DUR Board meeting were approved pending two corrections noted.

Prospective DUR

Top 200 by GSNs (August 2014) – The Top 15 GC3s by Total Amount Paid (All Strengths of a Drug Reported Together) report was reviewed with the Board. The top three medications were: Abilify (~\$8.5 million), Sovaldi (~\$4.3 million), and guanfacine ER (~\$3.3 million). Epipen was new to the report (~\$2.3 million) as well as quetiapine (~\$1.9 million). Falling off the August 2014 report were Advate and budesonide (generic Pulmicort). The Board was informed that Epipen would have a new quantity limit in place at the end of the month.

The Top 15 GSNs by Total Number of Claims (Specific to Drug and Strength) report was reviewed with the Board. The board was informed that the top three medications were: albuterol 90 mcg (~35K claims), cetirizine 10 mg tablet (~25K claims), and hydrocodone 5 mg/APAP 325 mg (~21K claims). New to the list were: tramadol 50 mg tab (~16K), loratadine 10 mg tablet (~12K claims), gabapentin 300 mg capsule (~11K claims), ibuprofen 800 mg tablet (~10K claims), and cyclobenzaprine 10 mg tablet (~10K claims). The following medications fell off this list in August 2014: Oxycodone/APAP 10 mg/325 mg, Pataday, polyethylene glycol (generic Miralax), montelukast 5 mg chewable tablet, and QVAR 40 mcg. Many changes were due to seasonal variations in prescribing.

The Top 15 GCNs by Total Amount Paid (Specific to a Drug and Strength) report was reviewed with the Board. It was noted that the top five medications were the same as the last Board meeting report. The top three medications were Sovaldi 400 mg tab (~\$4.3 million), Abilify 5 mg tablet (~\$2.5 million), and albuterol 90 mcg (~\$2.2 million). New products to the list were Epipen 0.3 mg/0.3 mL (~\$1.3 million) and Olysio 150 mg capsule (~\$1.2 million). Pataday and budesonide (generic Pulmicort) fell off the August 2014 list. The Board discussed the trends of the oral Hepatitis C medications.

Top 15 GC3 Classes by Payment Amount (August 2014) - The Top 15 GC3 Classes by Payment Amount report was reviewed with the Board. It was noted that the top three medications were the same as the last Board meeting: H7X (Antipsych, Atyp, D2, Part Ag/5HT Mix; ~\$7.1 million), H7T (Antipsy, Atyp, Dop, & Sero, Antag; ~\$6.8 million), and H4B (Anticonvulsants;

~\$6.2 million). New to the list was J5D (Beta-Adrenergic Agents; ~\$2.1 million). Systemic prednisone products fell off the list in August 2014.

Retrospective DUR

Duplication of Therapy-Skeletal Muscle Relaxants- As a follow-up to the July 2014 Board meeting, the Board was asked if they would like to perform an outreach using the patient exclusion criteria that was used during a previous prescriber lettering.

Suggested Action Items

- 1. The Board requests the exclusion list be provided again to the Board for re-review.*

Non-Adherence to Board Selected Medications- The materials in the October 2014 Board packet were presented and reviewed with the Board. The Board was informed that Sovaldi and Harvoni are not included in the data but will be for the next Board meeting. The Board discussed the possibility of creating a new pro-DUR edit which would require retail pharmacists to take a more active role in non-adherence education and hopefully increase accurate day supply entry for prescriptions. It was also noted if a new edit can be put in place that it might be valuable to compare adherence before and after the edit was put in place. If the edit can be put in place the Board would potentially be interested in expanding the list of medications being monitored.

Suggested Action Items

- 1. The Board requests NC DMA to investigate whether a new pro-DUR edit can be put in place with the MMIS vendor to alert pharmacies of non-adherence and require a more active role in the retail pharmacy setting. If so, the Board will re-examine the medications to alert pharmacies.*

High Dose Diazepam in Pediatric Patients- The materials in the October 2014 Board packet were presented and reviewed with the Board. The Board noted that there were a very small number of patients getting high doses of the medication for greater than a four day supply. The Board felt that there was no reason for an intervention at this time.

Abilify Utilization- The Board was updated to future Abilify utilization topics of interest once A+ Kids is reinstated in NC Tracks. Potential topics are: Abilify used as monotherapy for depression; Abilify dosed more than once daily; and Abilify use for off-label indications or dosages.

Neonatal Abstinence Syndrome (NAS)- The materials in the October 2014 Board packet were presented and reviewed with the Board. The Board noted the high volume of prescriptions the patients identified were taking. The Board was informed that CCNC has also looked into this issue and has noted an increase in incidence. The Board commented this may also be a marker for other drug use (i.e. illicit drug use). The Board questioned whether some patients, especially the older females identified, were taking the prenatal vitamins as multivitamins. It was noted that hydrocodone/APAP and tramadol's controlled medication status changed during this time frame and it may be beneficial to bring this information back to the Board for re-examination. The Board asked how many infants had been diagnosed with NAS but was informed that

information may be difficult to retrieve from the claims data. The Board also discussed adding NAS information into an upcoming DMA newsletter.

Suggested Action Items

- 1. The Board requests, if available, the incidence of NAS in the patients identified in this intervention.*
- 2. The Board requests information regarding NAS be placed in the DMA newsletter.*

Tramadol Utilization- The materials in the October 2014 Board packet were presented and reviewed with the Board. The Board noted this is now a controlled substance and utilization may change as a result.

Suggested Action Items

- 1. The Board requests continued monitoring of utilization and an updated report be provided to the Board at the April 2015 Board meeting.*

Naloxone Utilization- The materials in the October 2014 Board packet were presented and reviewed with the Board. The Board noted that health departments are now in the process of developing programs for dispensing the medication. The Board commented that the State of California will be allowing retail pharmacies to dispense the medication like they do immunizations per established protocols. The Board was reminded that the statistic presented in the packets only represent prescriptions paid through the Outpatient Pharmacy Program. The Board did not request any further information at this time.

High Dose Concerta- The materials in the October 2014 Board packet were presented and reviewed with the Board. The Board suggested providing information in the pharmacy newsletter instructing pharmacies to enter the correct day supply information when adjudicating claims and the importance of doing this activity accurately. The Board was informed that in 2015 ADHD medications would no longer be a restricted class and DMA will be allowed to place restrictions on these medications [i.e. preferred drug list (PDL) and prior authorizations].

Suggested Action Items

- 1. The Board recommends monitoring this class and asks that updated utilization information be provided during the April 2015 Board meeting.*

Testosterone and FDA Warning- The materials in the October 2014 Board packet were presented and reviewed with the Board. The Board discussed examining these patients' medical and prescription profiles to determine if blood thinners have also been used or if hospitalizations due to DVTs occurred. The Board discussed placing information in the pharmacy newsletter regarding the FDA warning on testosterone products and including information on the risk, if available.

Suggested Action Items

- 1. The Board recommends DMA place information in the pharmacy newsletter regarding the new FDA warning on testosterone products and increased risk of blood clots.*
- 2. The Board requests that DMA perform a prescriber profile letter intervention to prescribers who have patients on testosterone products encouraging them to educate*

their patients on the signs and symptoms of blood clots as a result of the new FDA warning.

Trigger Report- The number of claims in 2014Q2 was approximately four million which has slightly increased from 3.8 million in 2014Q1. The total payment amount has increased from approximately \$361 million to \$374 million in 2014Q1 to 2014Q2, respectively. The amount paid per claim has slightly decreased from \$93.48 to \$92.47 in 2014Q1 to 2014Q2, respectively. When comparing 2014Q1 to 2014Q2 the number of unique recipients has increased from approximately 690K to 708K, respectively, and the number of claims per recipient has also increased from 5.59 to 5.72, respectively.

The medications with the largest percent change in prescription count were reviewed with the Board. The Board was informed that most changes in prescribing were due to seasonal changes. The medications with the largest percent change in amount paid were reviewed with the Board. The most common reasons were due to increased/decreased utilization and increased/decreased medication price. The Board was reminded that this report represents pre-rebate pricing.

CMS Annual Report- The Board was informed that the CMS Annual Report was submitted to CMS on September 30, 2014.

Summary of RDUR Activities- The October 2014 DUR Board packet materials were presented and reviewed with the Board.

Potential Future RDUR Topics- The October 2014 DUR Board packet materials were presented and reviewed with the Board.

DMA Pharmacy Updates- The Board was informed that DMA has been mandated to save six million dollars this fiscal year and \$12 million annually by managing mental health drugs (i.e. ADHD, antidepressants, and antipsychotic medications) on the preferred/non-preferred drug list.

The proposed preferred drug list (PDL) is posted on the DMA website for public comment and the Panel will meet on November 4, 2014 to finalize the PDL which is anticipated to start January 1, 2015.

Effective January 1, 2015 NC DMA is going to the National Average Drug Acquisition Cost model which is a national survey on pricing. This change will decrease what DMA is paying on medications; however, DMA will be increasing the pharmacy dispensing fee to \$14 for preferred brand and generic medications and \$13 for non-preferred brands. The Board was informed that FUL pricing will no longer be used. For medications not on the National Average Drug Acquisition Cost file other pricing methodology will be used (i.e. SMAC, WAC plus 2.7 percent, or WAC plus one percent for specialty). Generic dispensing rate (GDR) reimbursement will no longer be used. The National Average Drug Acquisition Cost drug file will be loaded weekly into the NC DMA system.

The meeting was adjourned at 2:45 PM.

A draft version of these minutes was provided to NC DMA/CSC via email on 10/29/2014.